

## SUPERVISION OF NURSE ANESTHETISTS

**Four states**, by statute or regulation, authorize nurse anesthetists to practice outside the relationship of a physician<sup>1</sup>:

Montana  
New Hampshire

Oregon<sup>2</sup>  
Utah

**Seventeen states** have opted-out<sup>3</sup> of the federal requirement for physician supervision of nurse anesthetists:

Alaska  
California  
Colorado<sup>4</sup>  
Idaho  
Iowa  
Kansas

Kentucky  
Minnesota  
Montana  
Nebraska  
New Hampshire  
New Mexico

North Dakota  
Oregon  
South Dakota  
Washington  
Wisconsin

**Forty-six states and the District of Columbia** require physician supervision, collaboration, direction, consultation, agreement, accountability, or discretion over nurse anesthetists providing anesthesia services:

Alabama  
Alaska  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
Delaware  
District of Columbia  
Florida  
Georgia  
Hawaii  
Idaho  
Illinois  
Indiana  
Iowa

Kansas  
Kentucky  
Louisiana  
Maine  
Maryland  
Massachusetts  
Michigan  
Minnesota  
Mississippi  
Missouri  
Nebraska  
Nevada  
New Jersey  
New Mexico  
New York  
North Carolina

North Dakota  
Ohio  
Oklahoma  
Pennsylvania  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Vermont<sup>5</sup>  
Virginia  
Washington  
West Virginia  
Wisconsin  
Wyoming

The information provided in this document is based on states statute and/or regulation ASA is aware of and should not be relied upon as legal advice. Updates to this document may be offered to Erin Philp, M.A., J.D., State Affairs Associate, at [e.philp@asahq.org](mailto:e.philp@asahq.org)

<sup>1</sup> For each of these states, hospital policies may require stronger standards of supervision.

<sup>2</sup> Oregon law specifically says that hospital rules, regulations, and bylaws define in what manner of supervision anesthesia services will be delivered.

<sup>3</sup> On November 13, 2001, the Bush Administration published a final rule regarding the Medicare and Medicaid anesthesia Conditions of Participation (COP) for hospitals, critical access hospitals (CAHs) and ambulatory surgical centers (ASCs). The rule retains the current requirement for physician supervision of nurse anesthetists, but allows state governors to opt out of this requirement under certain circumstances. ASA opposes gubernatorial opt-outs.

<sup>4</sup> Limited to Critical Access Hospitals (CAHs) and specified rural hospitals.

<sup>5</sup> Collaboration required during the first 12 months of an APRN's licensure.